2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2004 8:00 am Secretary of State

12	-						_		<i>J</i>	00	
1. Entity Nam	ne	# P03000103)				04-07-20	04 90013	3 010 ***1.	50.00	
Principal Plac	e of Busines	S	Ma	ling Address			-		3409	16041	
Principal Place of Business Mailing Address 5351 N.W. 200 TERR. 5351 N.W. 200 TERF											
OPA LOCKA, FL 33055 OPA LOCKA, FL 33055											
							4 (8 8)(6 9) (9) 4	**** **** **** **** ***	and a second		nat II (186)
			- ''' A 1 1								
2. Principal Place of Business			3. Mailing Address				BIOD IIII OBIII BOIII O				
Suite, Apt. #, etc.				Suite, Apt. #, etc.			-				
Same right of State							04042004	Chg-P	CR2E	034 (10/03)	
City & State				City & State		4. FEI Number		V.D	App	olied For	
							20-	02612	4'/		Applicable
Zip		Country	Zip		Coun	ntry	5. Certificate of	f Status Desired		\$8.75 Addi	tional
	C None	and Address of Current	Dogiat	ated Agent		T	7 Name and	Address of Nove	Danistarad	Fee Required	
		and Address of Current	regist	ered Agent		Name	/. Name and	Address of New	negistered	Agent	
ROMAN, JULIO E											
5351 N.W. 200 TERR.						Street Address	(P.O. Box Numbe	is Not Acceptab	le)		
OPA LOC	KA, FL 33	8055					· · · · · · · · · · · · · · · · · · ·	<u> </u>			
											
						City			FI	Zip Code	
8. The above	named entit	y submits this statement (c	r the p	urpose of changing its	register	ed office or registe	ered agent, or both	, in the State of F	lorida. Lan	n familiar with, a	and accept
the obliga	tions of regis	tered agent.									
SIGNATURE.											
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if	applicable. (NOT	E: Registere	ed Agent signature require	d when reinstating)		DATE		
FIL After M	E NOW!!!	FEE IS \$150.00 4 Fee will be \$550.	00	9. Election Campa Trust Fund Con	-		5.00 May Be ded to Fees				
				TORS	11.		ADDITIONS (CHANGES TO OF	EICEBS AN	ID DIRECTORS	(N. 1.1
10.	OFFICERS AND DIRECTORS D					E	ADDITIONS/C	HANGES TO UP	FICERS AIN	☐ Change	Addition
TITLE NAME		D Delete ROMAN, JULIO E				AE				☐ Change	MODITION
STREET ADDRESS	1	/. 200 TERR.				EET ADDRESS					
CITY-ST-ZIP	1	CKA, FL 33055				'-ST-ZIP					
THE	D									☐ Change	Addition
NAME	ROMAN.	LUZ M			NAM						
STREET ADDRESS	5351 N.V	/. 200 TERR.			STR	EET ADDRESS					
CITY-ST-ZIP	OPA LOC	KA, FL 33055			CITY	(-ST-ZIP					
TITLE	D			☐ Delete	TITL					☐ Change	Addition
NAME		JULIO JR.			NAM						
STREET ADDRESS		AMI DR., APT. #707	00			EET ADDRESS					
CITY - ST - 7IP	-NORTH:	AIAMI:BEACH;:FL=331	م <u>ت</u>		-	/- ST-7IP					
TITLE				Delete	TITL	ł				☐ Change	Addition
NAME STREET ADDRESS					NAM Stri	EET ADDRESS					
CITY-ST-ZIP						C-ST-ZIP					
				☐ Delete	TITL					☐ Change	Addition
TITLE NAME	1			∟ Delete	NAM					☐ engitige	T vònitigi)
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP						/-ST-ZIP					
TITLE	1			☐ Delete	TITL			****		Change	Addition
NAME				- Delete	NAM					onongo	المارانية . بي
STREET ADDRESS	1					EET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

CITY-ST-ZIP